


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 19, 2008 08:00 AM
Secretary of State

DOCUMENT # N04935 1. Entity Name THE NEW FRIENDSHIP MISSIONARY BAPTIST CHURCH, INCORPORATED	
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Principal Place of Business % REV HOSEA L DANIELS 3107 E LAKE AVE TAMPA, FL 33610	Mailing Address % REV HOSEA L DANIELS 3107 E LAKE AVE TAMPA, FL 33610
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05092008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2955779	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DANIELS, HOSEA L 3107 E LAKE AVE TAMPA, FL 33610
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**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by September 12, 2008
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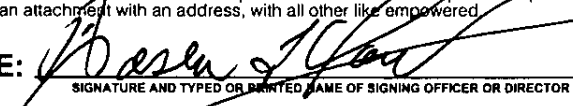
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DANIELS, HOSEA L 3409 N 35TH ST TAMPA, FL 33605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRACKINS, NETTIE 2805 HIGHLAND AVE TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARRIS, MITCHELL 2214 MASSACHUSETTS TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

U000000951671
06/04/08-80045-010 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	5/15/08 <small>Date</small>	(813) 247-3806 <small>Daytime Phone</small>
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